CCLHO

California Conference of Local Health Officers
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Eileen M. Eastman, Executive Administrator

August 16, 2004

Kimberly Belshé, Secretary
Health and Human Services Agency
1600 – 9th Street, Room 460
Sacramento, CA 95814

Dear Ms. Belshé:

I am writing on behalf of the California Conference of Local Health Officers (CCLHO) in response to your request for our input on the California Performance Review (CPR). Because of the stringent time considerations, ours is a cursory review of the CPR with, hopefully, a more thoughtful analysis to follow at a later time.

Based on our previous conversations with you and your staff, it is clear that there is a lot that we agree on about how public health should be organized at the state level. While many of the recommendations from the CPR are related to cost savings, public health functions have been eroded over the last three decades and will need continued investment of resources to fulfill its mission of protecting health and creating healthier communities. State public health efforts do need to be refocused in a new organizational structure similar to that proposed by the CPR. We applaud your interim action in the recent reorganization within the Department of Health Services that moved us in that direction. Your establishment of the State Public Health Officer position, which was filled by a recognized public health professional, is a sign of this Administration's determination to improve public health. However, we feel very strongly that it should be explicitly stated that any new public health entity should be headed by the State Public Health Officer who is a physician with expertise in public health. It is also felt that a separate public health organization should retain its own administrative support functions so that adequate resources can be obtained to rebuild the State's public health infrastructure. We believe that the model that has been proposed in SB 858 (Ortiz) presents an excellent way to accomplish this goal.

In terms of specific items of the California Performance Review, we looked at the overall organization chart. There are several programs that are currently in the Department of Health Services that should be made a part of the new Public Health entity and not moved into other Departments. These include:

- WIC Program - Many people think this is a program similar to food stamps. It is not. It is a health related program based on primary prevention and health education principles to improve the nutritional status of low income women and their children. This program should remain in Public Health and not be

moved to Social Services. These core aspects are likely to get lost outside of a public health related department.

- CHDP - The same principles apply to this program. It is not primarily a funding mechanism, but a program based on primary prevention and health education principles. It should remain as part of Public Health and not in Health Purchasing.
- Food Safety - The duties regarding wholesale and retail food and food safety and enforcement (H&S 109875—111225; 111940-114460) are functions related to human consumption of food and, therefore, belong as part of Public Health and not in Food and Agriculture. The mission of Public Health is to improve human health and the environment. The mission of CDFA is to promote agriculture and animal health. The link between food safety and public health, including epidemiology and public health laboratories, is critical and must be preserved. We have seen many instances in the past when protecting human health conflicts with promoting agriculture and animal health. Establishing a conflict between promoting economic interests and protecting human health would be a poor public policy decision and could leave the state and its residents vulnerable.
- Shell Fish Monitoring - This relates to human consumption of food and belongs in Public Health, not in Environmental Protection.
- Drinking Water - This relates to human consumption of water and belongs in Public Health, not in Environmental Protection.
- Maternal and Child Health. These programs are a core function of Public Health and need to be a part of Public Health.
- Administration - Public Health needs to have its own administrative support structure.

Additionally, we had comments about other aspects of the reorganization plan.

- Overall, too much power and responsibility is being transferred from the local level to the state level, particularly to the Governor. While the concept of it seems to be more efficient, the reality of the state trying to oversee as much as they are proposing is unrealistic. We need to be cautious that we do not lose the ability for checks and balances. It is critical to maintain the integrity of local health departments. Each jurisdiction has unique issues that are best handled on the local level. Too much centralization often leads to bureaucratic response that both ignores local resources and local solutions.
- Elimination of Boards and Commissions. Our concern with the wholesale elimination of many Boards and Commissions is that citizen input will be compromised. We think it is healthy to have citizen review over governmental programs and believe these proposed changes should be evaluated carefully. In particular, we find there is great value in the Air Resources Board and the Regional Water Quality Boards in protecting human health. Also, no function of the Medical Board should be transferred to the

Homeland Security Department as the primary function of the Medical Board is the assurance of the quality of care provided by health professionals. It is not a security issue.

- Emergency Medical Services Authority. In this proposal, EMSA would be placed in the Department of Public Safety and Homeland Security in the Division of Fire and Emergency Management. EMSA primarily performs a medical function. While it is true they also perform some disaster related functions those functions are all medical and/or health related. EMSA's disaster related functions need to be closely aligned with the disaster functions of public health. It is important that all medical/health disaster functions be well coordinated with those of public safety and emergency management and this should be done in a joint command structure. The philosophies, missions, worldviews of law enforcement and the medical community are very different. EMSA's mission and goals are closely aligned with Public Health and we feel strongly that they are most appropriately located in Public Health. In addition, we feel strongly that enhanced medical oversight is required for this organization.
- OEHHA. We support moving this unit into the Department of Public Health as its functions are primarily those of risk assessment.
- OSHPD. We support moving this Department into the Department of Public Health as its information and data gathering functions provide necessary support for public health.
- In the Office of the Secretary of the Department of Health and Human Services, there is a Policy Analysis function. We believe that this function should have a planning component.

We also looked at specific recommendations and following are our comments on specific Issues and Recommendations:

Chapter 1: General Government

GG07 – We strongly support maximizing federal grant funds and have written letters to Congress recently about California's share of TB funding and previously about MCH funding.

GG29 and SO35 – We support improving State and Local Performance Measures, however, we believe that accountability should be administered separately from the Department (Department of Finance) whose mission is to reduce expenditures. We believe these measures should be developed in conjunction with the state and local professional disciplines that they impact. An enormous problem in this area is that there is not adequate surveillance or data collection capacity to develop appropriate measures. We also want to be clear that in many areas there is not enough science based data to develop direct measures and we will have to rely on indirect measures.

GG32 – We support the reform of the State Mandates Claims Process to make it less cumbersome and to remove mandates that are not adequately reimbursed.

GG46 – We strongly support an exemption of Federally Funded Programs from Hiring Freezes/Budget Reductions. These policies have seriously delayed getting California's Emergency Preparedness Program up and running.

Chapter 2: Health and Human Services

HHS01 – We support making eligibility determination more efficient (such as the Health-e-app project) but do not support anything that would restrict access to services, reduce access through making the application process inconvenient, or would interfere with the current way eligibility is tied to local community structures and outreach efforts.

HHS02 – We find it difficult to comment on realignment of the administration of HHS programs because there is not enough detail offered at this time. It is important to note that there is a large amount of health realignment that supports local public health programs and that needs to be preserved.

HHS11 – We support the use of technology in the WIC program. It should be realized that conversion of WIC will be much more complex and expensive than the Food Stamp Program where it has recently been adopted. Use of the EBT will protect privacy and, hopefully, will decrease the chances of fraud in the WIC system.

HHS12 – We strongly support simplification of Public Health Agreements. There are a multitude of agreements, each with different stipulations and requirements. This multitude of contact requirements is not efficient. This would be very beneficial to both the state and to locals as long as it does not result in a decrease in services..

HHS13 – We strongly support creation of the position of State Public Health Officer and believe it will help to strengthen Public Health and provide Public Health leadership in California. However, we believe that this position should also serve as a consultant to the Governor on all health-related issues whether or not it is directly in his or her department. We strongly agree that the State Public Health Officer should be adequately compensated.

HHS14 – We support making California's HIV Reporting system consistent with our AIDS and other communicable disease reporting systems and would like to see this replace the current system as soon as possible.

HHS15 – We support consolidation of Mental Health and Alcohol and Drug Programs. It must be understood that there is strong connection between substance abuse and Public Health at the local and state level. These intertwined systems must be

coordinated at both the local and state level, particularly substance abuse prevention programs.

HHS16 – We support the concept of a Statewide Immunization Registry, however, much work has been done in this area already. We support building on those currently on-going efforts.

HHS23 – We want to make sure that any effort at streamlining oversight requirements for conducting medical surveys and audits of health plans does not entail backing off of the processes and on-going efforts that are making health facilities safer.

Chapter 5: Resource Conservation and Environmental Protection

RES06 – We oppose consolidating the Drinking Water Fund at the Department of Health Services with the State Water Resources Control Board's Revolving Fund into a single fund

Chapter 6: Public Safety

PS03 – We oppose aspects of the creation of a Division of Fire Protection and Emergency Management because we do not believe that the functions of EMSA are appropriate to merge with Fire protection, as noted previously.

We greatly appreciate the opportunity to comment on this important effort. If you have any questions about our positions on the various recommendations, please do not hesitate to contact us.

Sincerely,

(original signed by:)

Scott Morrow, M.D., M.P.H.
President, CCLHO